

TRIPLE-A HALF DAY

PLEASE RETURN DOCUMENT WITH YOUR PAYMENT

2013 Emergency Information Form

Camper's Name: _____ Grade Entering: _____ Gender: M / F

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail address: _____

Mother/Guardian Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Place of Employment: _____ Work Phone: _____

Father/Guardian Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Place of Employment: _____ Work Phone: _____

Family Physician: _____ Phone: _____

Known Allergies: _____

Is your child on any kind of medication? If so, please list name, frequency and amount. _____

Is there any other information that we should be aware of that will assist your child? _____

The following persons are authorized to pick up my child from camp or can be contacted in an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Photographs and video are taken during camp and may be used as promotional material in our weekly newsletter, quarterly Recreation Booklet or on the Internet. Your child's accomplishments in camp may also be published. I am granting Triple-A Summer Camp permission to include my child in the media events listed above.

Parent/Guardian Signature: _____ Date: _____

Please Print Parent/Guardian: _____